

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/553,919 FILING DATE  
APPLICANT

CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1							51					
2		1						52					
3			1					53					
4				1				54					
5					1			55					
6						1		56					
7							1	57					
8							1	58					
9							1	59					
10							1	60					
11							1	61					
12							1	62					
13							1	63					
14							1	64					
15							1	65					
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17							1	67					
18							1	68					
19							1	69					
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34							1	84					
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37							1	87					
38							1	88					
39							1	89					
40							1	90					
41							1	91					
42							1	92					
43							1	93					
44							1	94					
45							1	95					
46							1	96					
47							1	97					
48							1	98					
49							1	99					
50							1	100					
TOTAL IND.	1												
TOTAL DEP.	9												
TOTAL CLAIMS	10												